

## **National Interagency Biodefense Campus at Fort Detrick Community Advisory Committee**

Community Advisory Committee members are expected to serve a two-year term and attend all meetings. Members who miss three or more consecutive meetings may be asked to resign. Duties and responsibilities will include reviewing and commenting on activities associated with the Biodefense Laboratories at Fort Detrick. Members will be expected to be available to community members and groups to facilitate the exchange of information and/or concerns between the community and the laboratories. Participation in the Community Advisory Committee is strictly voluntary and members will not be financially compensated.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_

1. Are you affiliated with any other organized group? If so, please identify.

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2. Are you already a member of an advisory board connected to Fort Detrick? If so, please identify.

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3. Briefly state why you would like to be considered for membership on the Community Advisory Committee:

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4. What has been your experience working as a member of a diverse group with common goals?

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5. What special skills do you possess that make you qualified for this group?

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6. The chairperson will be elected by the members of the NIBC-CAC. Please indicate whether you are interested in being considered for the chairperson position by checking one of the selections below:

\_\_\_\_\_ Yes, I would like to be considered.    \_\_\_\_\_ No, I only want to serve on the Committee.

7. By submitting this signed application, you are aware of the time commitment this appointment will require.

8. By submitting this signed application, you willingly agree to work cooperatively with other Community Advisory Committee members to ensure the efficient and effective use of resources.

9. By submitting this signed application, you understand the following:

Principal Purpose: To identify members of the local community who are interested in participating on the National Interagency Biodefense Campus-Community Advisory Committee.

Routine Uses: The requested information will be used to develop a list of interested persons from which the members of the Community Advisory Committee will be selected. The information also will be used by selecting officials to contact individuals who are selected.

Disclosure of the requested information is voluntary; however, failure to provide all the requested information may prevent full consideration of your application.

10. By submitting this signed application, you understand that, if selected, you are serving on the Community Advisory Committee as a volunteer. You also understand that you will receive no compensation for this service.

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Applicant's Signature

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Date